DOCUMENT RESUME

ED 188 424 EC 124 384

AUTHOR Swartz, Stanley L.: And Others
TITLE Transition Practices and Parental Involvement in Early Childhood Handicapped Programs.
INSTITUTION Western Illinois Univ., Macomb.
SPONS AGENCY Illinois State Board of Education, Springfield.
PUB DATE Apr 80
NOTE 36p.: Paper presented at the Annual International Convention of The Council for Exceptional Children (58th, Philadelphia, PA, April, 1980, Session B-4).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Disabilities: *Early Childhood Education: Exceptional Child Research: *Parent Participation: Parent School Relationship: *Program Evaluation: State Programs: *Student Placement
IDENTIFIERS Illinois

ABSTRACT

Transition practices and parental involvement in early childhood handicapped programs were studied in 74 Illinois public preschool handicapped programs. Data was collected by personal interview of teachers and parents of children enrolled in the programs. Transition practices, including mainstreaming efforts, were found to be inadequately planned and implemented. Program entrance and exit standards were not clearly defined and sending and receiving teachers had limited contact in program and placement decisions. Actual and preferred parental involvement data for nine parental roles were collected. Discrepancies were found that suggested confusion by both teachers and parents regarding appropriate and productive parental involvement. Efforts reported to encourage parental involvement were contraindicated. (Author/SBH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED188424

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Transition Practices and Parental Involvement in Early Childhood Handicapped Programs

Stanley L. Swartz
Virginia R. Dykstra and Mary Lou McLaughlin
Western Illinois University

Council For Exceptional Children
58th Annual International Convention
Philadelphia, Pennsylvania
April 1980

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Stanley Swartz

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC124384

Abstract

Transition practices and parental involvement in early childhood handicapped programs were studies in a random sample (N=74) of Illinois public preschool handicapped programs. Data was collected by personal interview of teachers and parents of children enrolled in the programs.

Transition practices, including mainstreaming efforts, were found to be inadequately planned and implemented. Program entrance and exit standards were not clearly defined and sending and receiving teachers had limited contact in program and placement decisions.

Actual and preferred parental involvement data for 9 parental roles was collected. Discrepancies were found that suggested confusion by both teachers and parents regarding appropriate and productive parental involvement. Efforts reported to encourage parental involvement were contra-indicated.

Acknowledgements

This paper is a preliminary report of a larger research project, the Illinois Early Childhood Handicapped Research Project: Dr. Patricia L. Hutinger, Project Director, Dr. Stanley L. Swartz, Principal Investigator, funded by the Illinois State Board of Education. The funding and the efforts of the research staff are greatfully acknowledged.

Assistance from the following members of the Western Illinois University Special Education faculty is recognized and appreciated: Ms. Rori Carson, Dr. Arthur Hasbargen, Dr. Elma Leigh and Dr. Thomas Meighan. Our appreciation for invaluable technical assistance is extended to Dr. Charles Gilbert, Dr. Myron Mustaine, Ms. Esther Nelson, Dr. Sherman Rush, Dr. Natalie Sproull and Dr. Wayne Wiggins.

The opinions expressed in this paper are those of the authors only and do not represent the official position of Western Illinois University or the Illinois State Board of Education.

Transition Practices and Parental Involvement in Early Childhood Handicapped Programs

Basic to the provision of educational services to handicapped children is the tenet that early identification and intervention can minimize the long-term effect that the handicapping condition will have on the child. Some measure of the recognition of this belief is evidenced in the Education of All Handicapped Children Act, P.L. 94-142, (Federal Register, 1975) that authorizes the public schools to serve a heretofore unserved group of children, the preschool handicapped aged 3 to 5. However, the law has stopped short of mandating preschool programs unless consistent with state law, the result of which has been a varying response by the states. There is still resistance in some quarters to the concept of educating children prior to age five. Some argue that we cannot accurately identify handicapped children, particularly the mildly handicapped, during the preschool years. Special education is generally concerned with intervention, i.e., working with a handicap known to exist, early education for the handicapped is, to a great extent, prevention. Developmentally delayed children who are considered high risk handicapped are served in large numbers in preschool handicapped programs and the question of authority to serve these children is one that is not clear in the law. Resolution of the issues raised by these questions seems necessary to promote increased public and professional acceptance of early childhood handicapped programs.

Two elements unique to early childhood handicapped programs are evident in the research literature. The positive effects of intervention with the preschool handicapped result in the placement of some children into regular

kindergarten programs. Some transition procedure from special to regular education is therefore indicated. Additionally, parental involvement of a direct nature is considered more critical to the success of preschool programs than other special education programs.

Hayden (1977) followed 116 handicapped children who had been served in a preschool handicapped program and found that 34 per cent were functioning in regular classrooms and that cognitive growth gains achieved during the program were maintained. The results of the Lazar (1978) longitudinal studies found that the effects of the intervention were maintained and that a significantly reduced number of children served in preschool handicapped programs were subsequently assigned to special education classes. Weber, Foster and Weikart (1978) also demonstrated the effectiveness of early intervention and found that neither theoretical base nor curriculum affected program effectiveness.

Program continuity requires that an organized transition procedure be employed for children moving from preschool handicapped programs to regular kindergartens. The abrupt change in service model alone might be sufficient to justify the need for such a transition procedure. Recommended transition practices for the State of Illinois include: involving the receiving teacher before the transition is made through observational visits to the preschool, inservice at the beginning of the transition year, conferences with both the preschool staff and the parents, involvement with the annual review of the IEPs, and determination of entry competency criteria for kindergarten and primary programs which in turn should influence the preschool handicapped curriculum (Illinois Office of Education, 1978).

Iano (1972) discussed the need for cooperative effort between regular and special education teachers in making joint decisions on selection, placement, and programming. The need for flexibility of procedures was also determined to be important to successful cooperative efforts. Wynne (1975) found practices used to prepare children for elementary school inadequately formulated and implemented. Preschool teachers interviewed cited specific problems that included: rigid entrance standards in many elementary schools did not allow successful integration of handicapped preschoolers, indications that some handicapped children are mainstreamed into inadequate support systems and, most schools require the handicapped to follow the standard elementary program and make no accomodations for individual abilities and behaviors. Few studies focusing specifically on the transition process are currently reported. Child adjustment to placement change and the critical nature of transition practices have been largely ignored by researchers.

Appropriately viewed and utilized, the integration of preschool handicapped children into regular programs is a substantial effort to prepare children for transition. Karnes and Zehrbach (1977) identified programs that prepare handicapped children for mainstreaming. Models employ a variety of methods, but all emphasize the need to acquire school adaptive behaviors. Karnes also indicates that the integration of handicapped children into regular settings and efforts to facilitate this transition can be effectively implemented in any type of program using any delivery system. Though some programs are more amenable to mainstreaming than

others, transition and integration can be a viable part of any early childhood handicapped program. Integration efforts might also be considered under the general rubric of normalization, defined as establishing and maintaining culturally normative behaviors. Neisworth and Madle (1975) found that the abnormal characteristics and behaviors that young handicapped children develop when isolated can be prevented when integrated with normal peers. Wynne, Brown, Deakof and Ulfelder (1975) found in the preschool handicapped programs they surveyed that the common goal of integration was to prepare the handicapped child for some degree of inclusion in the regular elementary classroom. Numerous studies have considered the benefits to handicapped children of integration: increased verbal and social interaction (Guralnick, 1978; Karnes and Lee, 1979; and Synder, Apolloni and Cooke, 1977), increased social acceptance (Levitt and Cohen, 1976; and Kennedy, Northcott, McCauley and Williams, 1976) and opportunities for peer modeling (Synder et al., 1977; and Guralnick, 1978).

Though the research findings are limited, some attempts have been made to measure the effect of integration of preschool handicapped children on their subsequent placement. Blacher-Dixon and Turnbull (1979) found that Head Start programs have proven to be the best indicators of the long term effects of integrated preschool programming because of the mandated inclusion of the handicapped since 1972. Two comprehensive studies of Head Start programs (Applied Management Sciences, 1978a, 1978b) have generally commended the integrated programs. Handicapped children attending Head Start programs favorably compared to children in preschool handicapped programs not integrated. Stock, Wenk, Newborg, Schenk, Gabel, Spurgeon and Ray (1976) found of 688 handicapped children who had participated in

integrated preschool programs, 34.7 per cent remained in special education programs, 32.7 per cent attended regular programs with supportive services and 31.3 per cent attended regular programs with no supportive services.

The successful use of integration as a transition and/or normalization procedure implies certain problems and prerequisites. Gorelick (1973) found most of her sample willing to accept handicapped children into their programs but they had some doubts regarding their ability because of lack of training and limited availability of support services from special education personnel. Erikson (1976) and Wynne (1975) have identified teacher attitudes, both sending and receiving, as an important element in integrating handicapped children. Both identified the need for inservice prior to any transition process. Cooke, et al. (1977) identified teacher attitude as the single most reliable predictor of successful integration. Numerous studies have indicated that inservice and staff preparation are necessary for successful integration and transition (Northcott, 1971; Bricker and Bricker, 1975; Wynne, 1975; McDaniels, 1977; and Fredericks, Baldwin, Grove, Moore, Riggs and Lyons, 1978).

Parental involvement has been identified as important to the conduct of effective preschool handicapped programs and for insuring the lasting benefits of early intervention. Bronfenbrenner (1974) indicated that

> the involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement, any effects of intervention. . . appear to erode fairly rapidly once the program ends.

Zigler (1972) found that the programs that have the most impact on children are those that involve parents in direct interaction with their own child. Heinicke (1976) demonstrated a relationship between the quality of parental functioning and the quality of child development.

Spriggs (1976) found parents to have unique advantages for working with their children that could enhance programming, including knowing their children well, opportunity to individualize instruction, and the availability of a broader learning environment. Programs that include parental involvement recognize that both parents and professionals contribute uniquely to the progress of the child (Enzer, 1976).

Shearer and Shearer (1977) identified nine different parent roles that are confirmed in the literature as appropriate areas for parental involvement.

1. Administrator (program governance and direct decision-making). Varying levels of success have been reported by programs including parents in administrative capacities but all agree that the experience is positive and contributes to the overall level of parental involvement (Soppitt-Lesure, 1977; Northern Valley Administrators Association, 1975-76; and Devoid and Mills, 1972).
2. Disseminator (general public relations and information specific to their child's programming). Parents are considered to be particularly helpful in public relations efforts with positive effects accruing to the programs (Walter, 1978).
3. Staff member (volunteer or paid positions). Parents productively utilized, consistent with their level of training, have benefitted personally as well as contributed to overall program strength (Lillie, 1972; ABT Associates, Inc., 1973; and Frederick, Baldwin and Grove, 1974).

4. Primary teacher (implement instructional program). Parents appropriately trained to teach their children have consistently proven to be effective (Hendrickson and Hester, 1977; ABT Associates, Inc., 1973; Grantham-McGregor and Desai, 1975; Abbott and Sabatino, 1975; and Freeman and Thompson, 1973).
5. Recruiter (contacting perspective parents and making direct referrals). Benefits of recruitment have been reported for both parents and programs (Walter, 1978; Nellans, Reinsel, Binder and Burrow, 1972; and Hayden, 1976).
6. Curriculum Developer (set goals and objectives for their children). Walter (1978), Shearer and Shearer (1972), MacDonald, Blott, Gordon, Spiegel and Hartmann (1974) and Avanti (1973) have all reported useful curriculum development by parents.
7. Counselor (offer support and guidance to other parents). Though appropriate training is needed, programs do report parents successfully functioning in counseling and support roles (Northcott, 1972; Nellans, et al., 1972; Freeman and Thompson, 1973; and Doernberg, Rosen and Walker, 1969).
8. Assessor of skills (provide information regarding existing skills and behaviors) First Chance Projects (Shearer and Shearer, 1972; and Shearer and Shearer, 1977) have reported success using parents as assessors and MacDonald (et al. 1974) reported this role used to facilitate continuity of home training.
9. Evaluator and record keeper (monitor child's performance at home and school). Lillie (1972), Blacher-Dixon (1977) and Yavner (1972) have reported programs where parents are productively utilized in this capacity.

Parental involvement will continue to figure prominently in preschool handicapped programs because of the research demonstrating its efficacy. Additionally, because parents of handicapped children will remain responsible for their children longer than parents of normal children their need to acquire parenting and teaching skills is greater (Shearer and Shearer, 1972).

Method

Subjects

General survey data was collected from a sample of 1078 special education personnel and parents involved in preschool programs for handicapped children throughout the State of Illinois. This sample represents responses from 95.5 per cent of the special education cooperatives currently operating programs for the early childhood handicapped. Thirty-seven special education cooperatives, 18 situated in urban areas and 19 in rural, were randomly selected from this larger sample. Teachers and parents (N=74) were likewise randomly selected from within these cooperatives for participation in this study and comprise the reported sample.

Instruments

Subjects were interviewed in the field by members of the research staff. Interviewers were randomly assigned and inter-rater reliability expressed as per cent agreement ranged from 82.3 to 97.9.

The interview employed open-ended questions regarding transition practices and parental involvement and the reported data includes the following:

Teachers/transition practices

1. General functioning level of children enrolled in the programs.
2. Mainstreaming activities and experiences provided.
3. Subsequent placement of children leaving preschool handicapped programs.
4. Procedural participation of receiving teacher in the transition process.
5. Attitude of regular classroom teachers regarding program and transitioning of children.

6. Diagnostic procedures employed in the transition process.
7. Basis for transition into regular classroom.
8. Transition procedures employed.
9. Content and evaluation of teacher in-service activities.

Teachers/parental involvement

1. Role of the parent in the evaluation and placement process.
2. Discrepancy evaluation of parental involvement for 9 parent roles identified by Shearer and Shearer (1977).
3. Problems surrounding parental involvement in programs.

Parents/parental involvement

1. Discrepancy evaluation of parental involvement for 9 parent roles identified by Shearer and Shearer (1977).
2. Problems surrounding parental involvement in programs.

Data Analysis

Subject responses were recorded by category and analyzed using both descriptive and statistical procedures. Statistical analyses were made using the chi square statistic and phi correlation from the Statistical Package for the Social Sciences (Nie, Hull, Jenkins, Steinbrenner, and Bent, 1975).

Results

Transition Practices

Table 1 presents frequency data for general functioning level of children enrolled in preschool handicapped programs by severity of handicap. It may be noted that children with mild handicaps, 25.2 per cent, and moderate handicaps, 33.8 per cent, comprise the two largest groups of children served. Children with severe handicaps were reported at 18.4 per cent and only 2.7 per cent with profound handicaps. Of particular note is the number of normal children reported served, 19.7 per cent.

Table 1
Functioning Level of Children in
Preschool Handicapped Programs

Functioning Level	N	%
Normal	78	19.7
Mild	100	25.2
Moderate	134	33.8
Severe	73	18.4
Profound	11	2.7

Mainstreaming activities and experiences used to facilitate transition are reported by frequency in Table 2. The majority of mainstreaming is accomplished by integration of preschool handicapped children into kindergartens, 55.6 per cent. Other options employed are integration into regular preschool programs, dual placements (preschool handicapped program and kindergarten), and integration into other special education programs, each 8.3 per cent. An additional 27.8 per cent reported that they had no integration of their preschool handicapped children.

Table 2
Mainstreaming Activities and Experiences

	N	%
Preschool Integration	3	8.3
Kindergarten Integration	20	55.6
Common Recesses, Lunch, Assemblies	3	8.3
Special Education Integration	3	8.3
Dual Placements	3	8.3
No Integration	10	27.8

Table 3 reports subsequent placement of preschool handicapped by program. Mean per cent was 58.8 per cent for special education placement and 41.1 per cent for regular class placement.

Table 3
Subsequent Placement by Program Report

	$\bar{X}$%
Special Education	58.8
Regular Education	41.1

Programs situated in urban areas were compared to those in rural areas on subsequent program placement. Table 4 summarizes these findings and the Chi square statistic was used to determine significance. Analysis of this data indicates that preschool programs located in rural areas place children in regular kindergarten significantly more often than programs located in urban areas.

Table 4
Subsequent Placement by Program Location

	Regular Placement		Special Education Placement	
	to .5	from .5	to .5	from .5
Rural %	20.0	31.4	22.8	28.5
Urban %	40.0	8.6	5.7	42.8
X^2	5.189		3.114	
Significance	.0227		.0776	

The involvement of the receiving teacher is summarized in Table 5. It may be noted that the receiving teacher is not always involved in the transition process. Involvement is greatest in the placement decision, 52.8 per cent, with a more limited role in child observation and writing of the Individualized Education Program, 30.6 per cent and 22.2 per cent respectively.

Table 5
Role of Receiving Teacher

	N	%
Observes Child Before Transition	11	30.6
Administers Assessment Before Transition	1	2.8
Participates in Placement Decision	19	52.8
Participates in Writing IEP	8	22.2

Table 6 summarizes the interest of regular teachers in the preschool handicapped program and their willingness to assist in the transition of children into regular programs. Positive teacher interest was reported at 94.5 per cent and willingness to assist in the transition process at 80.6 per cent. Only 19.4 per cent reported no interest in the programs and of those only 8.3 per cent indicated an unwillingness to assist with the transition of children.

Table 6
Attitudes of Regular Teachers

	N	%
Program Interest/ Willing	29	80.6
Program Interest/ Hesistant	5	13.9
No Program Interest/ Hesitant	4	11.1
No Program Interest/ Unwilling	3	8.3

Teachers were asked to report the assessment procedures and instruments used to collect data to develop and support placement and transition decisions. Table 7 summarizes their responses. The use of standardized norm-referenced tests and informal developmental checklists was reported at 33.3 per cent each. Standardized criterion-referenced test use was reported at 5.6 per cent and 27.8 per cent reported no assessment procedures or instruments.

Table 7
Assessment Procedure/Instruments

	N	%
Norm-referenced	12	33.3
Criterion-referenced	2	5.6
Informal Checklists	12	33.3
None	11	27.8

Teachers were asked the basis for determining those children ready for transition into regular kindergarten. Their responses are summarized in Table 8. An individual evaluation of the child's abilities and teacher recommendation are the basis for kindergarten placement most often reported, 80.6 per cent and 77.8 per cent respectively. The need to master necessary criteria for kindergarten placement, 36.1 per cent, and parent request, 11.1 per cent, were also noted.

Table 8
Transition into Regular Kindergarten

	N	%
Placement Automatic	1	2.8
Individual Evaluation	29	80.6
Criteria Mastery	13	36.1
Parent Request	4	11.1
Teacher Recommendation	28	77.8

Transition activities for children leaving preschool handicapped programs are summarized in Table 9. The most often reported activity is informal conversation between sending and receiving teacher, 52.8 per cent. Released time was provided for the receiving teacher to observe the child in current placement, 33.3 per cent. No inservice for receiving teachers was reported and consultation was reported from sending teachers, 27.8 per cent, and from coordinator (central office or special education cooperative), 5.6 per cent. Follow-up contact was reported at 16.7 per cent.

Table 9
Transition Activities

	N	%
Informal Conversation Between Teachers	19	52.8
Released Time/Receiving Teacher Observation	12	33.3
Sending Teacher/ Consultation	10	27.8
Coordinator/ Consultation	2	5.6
Follow-up Contact	6	16.7
Inservice for Receiving Teacher	0	0

Teachers were asked to report their inservice activities and evaluate its effectiveness. Table 10 summarizes inservice attended by topic. Topics and per cent responses included: curriculum development, 58.8; program models and parental involvement, both 44.1; handicapping conditions and legal aspects, each 20.6; and transition practices, 8.8.

Table 10
Inservice Attended by Topic

	N	%
Handicapping Condition	7	20.6
Program Models	15	44.1
Curriculum Development	20	58.8
Parental Involvement	15	44.1
Legal Aspects	7	20.6
Transition Practices	3	8.8

Effectiveness of inservice training was rated by teachers and is summarized in Table 11. Using a Likert scale the mean rating of inservice effectiveness was 3.25.

Table 11
Inservice Effectiveness

	N	$\bar{X}$%
Low 1	2	5.6
2	6	16.7
3	12	33.3
4	13	36.1
High 5	3	8.3

The phi coefficient was used to correlate teacher inservice and program use of mainstreaming as a transition practice. Table 12 summarizes the findings and indicates a positive correlation with the inservice topic of curriculum development only.

Table 12
Inservice Attended by Topic and Program
Use of Mainstreaming

Teacher Attended Inservice	% Program Using Mainstreaming	% Program Not Using Mainstreaming	Phi
Handicapping Conditions	11.8	8.8	.04843
Program Models	20.6	23.5	.27605
Curriculum Development	47.1	11.8	.44850*
Parental Involvement	20.6	23.5	.27605
Legal Aspects	11.8	5.9	.04669
Transition Practices	8.8	2.9	.09945

N=34 value of r = .3246

* .05 level of significance

Parental Involvement

Parental involvement in the evaluation and placement process is reported in Table 13. Only 8.3 per cent of the parents are involved in screening and 16.7 per cent in pre-placement evaluation. Parents are highly involved in the placement decision, 80.6 per cent, with 44.4 per cent reported as participating in writing the Individualized Education Program. Consent only participation is reported at 19.4 per cent.

Table 13
Parental Involvement in Evaluation and Placement

	N	%
Screening	3	8.3
Pre-placement Evaluation	6	16.7
Placement Decision	29	80.6
Writing IEP	16	44.4
Consent Only	7	19.4

Teachers responded to actual levels of parental involvement and desired levels of parental involvement for 9 parent roles (Shearer and Shearer, 1977). Table 14 summarizes response by frequency and a test for significance of discrepancy using the chi square statistic. It is noted for all parent roles, per cent of actual involvement is lower than per cent of desired parental involvement. Significant discrepancies were found for the parent roles of staff member, primary teacher, curriculum developer, assessor of skills and evaluator/record keeper.

Table 14
The Relationship of Actual Parental Involvement as Perceived by Teachers and Desired Parental Involvement as Perceived by Teachers

	N	Teacher Actual %	N	Teacher Desired %	χ^2	Significance
Administrator	36	27.8	36	63.9	2.31114	.1285
Disseminator	35	36.1	36	94.4	.15762	.6914
Staff Member	35	55.6	35	77.8	4.24424	.0394
Primary Teacher	35	66.7	35	80.6	4.65155	.0310
Recruiter	36	83.3	36	97.2	.78241	.3764
Curriculum Developer	35	47.2	36	69.4	7.29098	.0069
Counselor	35	52.8	36	94.4	.01446	.9043
Assessor of Skills	36	36.1	35	61.1	5.20105	.0226
Evaluator/Record Keeper	36	61.1	36	83.3	3.69612	.0545

All chi square values with 1 degree of freedom

$p < .05$

Teachers were asked what they felt discouraged parental involvement. Responses are summarized in Table 15. The use of formal rather than more personal communication, 91.7 per cent; nothing, 27.8 per cent; the use of educational jargon, 13.9 per cent; and disinterested parents and number of professionals, each 5.6 per cent.

Table 15
Obstructions to Parental Involvement

	N	%
Formal Communication	33	91.7
Number of Professionals	2	5.6
Disinterested Parents	2	5.6
Educational Jargon	5	13.9
Nothing	10	27.8

Techniques used by teachers to encourage parental involvement are summarized in Table 16. Major efforts included phone calls, 80.6 per cent; home visits, 52.8 per cent; informal conferences, 50.0 per cent; formal parent groups, 44.4 per cent; and parent training, 41.7 per cent. Other methods employed were informal parent groups, 19.4 per cent; newsletters, 13.9 per cent; and parent counseling, 11.1 per cent.

Table 16
Techniques to Encourage Parental Involvement

	N	%
Informal Conferences	18	50.0
Phone Calls	29	80.6
Home Visits	19	52.8
Newsletters	5	13.9
Formal Parent Groups	16	44.4
Informal Parent Groups	7	19.4
Parent Training	15	41.7
Parent Counseling	4	11.1

Parents responded to their actual and desired level of involvement for the same 9 parent roles rated by teachers. Table 17 summarizes responses by frequency and a test for significance of discrepancy using the chi square statistic. Parents indicated lower levels of involvement (actual) for all 9 roles than reported desired involvement. Significance discrepancies were found for the parent roles of recruiter and evaluator/record keeper.

Table 17
The Relationship of Actual Parental Involvement as Perceived by Parents and Desired Parental Involvement as Perceived by Parents

	N	Parent Actual %	N	Parent Desired %	X^2	Significance
Administrator	36	11.1	36	63.9	.03516	.8513
Disseminator	36	30.6	36	80.6	2.02500	.1547
Staff Member	36	27.8	36	83.3	.41891	.5175
Primary Teacher	36	83.3	36	91.7	1.95074	.1625
Recruiter	36	66.7	36	88.9	6.87682	.0087
Curriculum Developer	36	61.1	36	91.7	2.33766	.1263
Counselor	36	41.7	36	86.1	.32516	.5685
Assessor of Skills	36	19.4	36	63.9	3.39509	.0654
Evaluator/Record Keeper	36	52.8	36	77.8	7.83614	.0051

All chi square values with 1 degree of freedom
$p < .05$

Table 18 summarizes parent responses to ways they feel parental involvement is discouraged by program personnel. Most respondents, 83.8 per cent indicated that there was no discouragement. Responses were recorded for being made to feel unwelcome, 10.8 per cent, and no personal contact, 5.4 per cent.

Table 18
Discouragement of Parental Involvement

	N	%
No Personal Contact	2	5.4
Educational Jargon	0	0
Feel Unwelcome	4	10.8
Teacher as Expert	0	0
Guilt/Blame Implication	0	0
No Discouragement	31	83.8

Table 19 summarizes parent roles comparing teacher report of desired involvement and parent report of desired involvement. Similar responses are recorded for administrator; each 63.9 per cent, and assessor of skills; 61.1 and 63.9 per cent respectively. Teachers reported the need for higher parent involvement in the roles of disseminator, recruiter, counselor and evaluator/record keeper. Parents perceived a need for more involvement in the roles of staff member, primary teacher and curriculum developer. Table 20 compares actual parental involvement as perceived by teachers and actual parental involvement as perceived by parents. Teachers reported actual parental involvement higher than parents in all but two parent roles. The actual involvement reported by parents for the roles of primary teacher and curriculum developer was greater than that reported by the teachers.

Table 19
Desired Parental Involvement as Perceived by Teachers and Desired Parental Involvement as Perceived by Parents

	N	Teacher Desired %	N	Parent Desired %
Administrator	36	63.9	36	63.9
Disseminator	36	94.4	36	80.6
Staff Member	35	77.8	36	83.3
Primary Teacher	35	80.6	36	91.7
Recruiter	36	97.2	36	88.9
Curriculum Developer	36	69.4	36	91.7
Counselor	36	94.4	36	86.1
Assessor of Skills	35	61.1	36	63.9
Evaluator/Record Keeper	36	83.3	36	77.8

Table 20
Actual Parental Involvement as Perceived by Teachers and Actual Parental Involvement as Perceived by Parents

	N	Teacher Actual %	N	Parent Actual %
Administrator	36	27.8	36	11.1
Disseminator	35	36.1	36	30.6
Staff Member	35	55.6	36	27.8
Primary Teacher	35	66.7	36	83.3
Recruiter	36	83.3	36	66.7
Curriculum Developer	35	47.2	36	61.1
Counselor	35	52.8	36	41.7
Assessor of Skills	36	36.1	36	19.4
Evaluator/Record Keeper	36	61.1	36	52.8

Discussion

The results of this study hold a myriad of implications for educational practice and future research in programs for the early childhood handicapped. On the face the number of preschool handicapped children subsequently placed into regular education would support research that has reported substantial child gains and even amelioration of handicapping conditions. But when viewed with the number of normal children reported accepted and served in preschool handicapped programs other conclusions may be plausible. Programs that serve normal children would be expected to place more children in regular education than programs that only serve handicapped children. Demonstrating program efficacy or cost effectiveness as a means to garner public support might raise serious questions if these research findings are confirmed by other studies. If presently available assessment procedures cannot accurately identify handicaps in young children, procedures and instruments should be developed and refined that have this capability. If serving high risk children is an appropriate priority in the field of early childhood handicapped legislative authority should be secured to serve this population.

The placement of handicapped children in the least restrictive environment is generally considered more appropriate when their non-handicapped peers are of similar chronological age and/or level of maturity. The results of this study indicate that the majority of integration is done into kindergarten classrooms. Integration into regular preschool classrooms is minimally reported. Few public schools presently operate preschool programs for regular children which results in limited choices for mainstreaming preschool handicapped children. The results that indicate

rural programs place more children into regular programs than urban programs to some extent substantiates this conclusion by suggesting that program options are even more limited in geographical areas that are sparsely populated. Though a determination should certainly be made based on each child's abilities and needs it would appear that integration into kindergarten would be viable only as a transition procedure for those children who will subsequently be placed in a regular kindergarten. The integration into other special education programs presents itself as a paradox. The least restrictive environment provision is designed to integrate handicapped and nonhandicapped children rather than handicapped children with other handicapped children. This practice would also seem to be useful as a transition procedure limited to children who will continue placement in special education programs. Programs that do no mainstreaming have no theoretical, research based, or legal precedent.

Though special education teachers have clearly recognized the interest of regular teachers in their programs and their willingness to assist in the transition process, the actual reported involvement is minimal. Research suggests that this might be an insurmountable barrier to overall program success. It is likely that the receiving teacher is given limited time to devote to the transition process but additional research is needed to confirm this postulation. However, it is clear that if the role of the receiving teacher is critical to effective transitioning, more systemmatic attempts will be needed to insure their participation.

The assessment procedure and instruments used to develop and support placement and transition decisions is noteworthy on two counts. The use of informal checklists and no procedure represent the basis for the decision-making of 61 per cent of the sample. It is also clear that teacher recommendation is extensively relied upon for placement decisions. Legal mandates and professional dictates would strongly suggest that this would be a procedure difficult to defend. This area clearly compels our attention for program development and further research.

As the transition process begins the activity most often reported to facilitate the process was informal conversation between teachers. Some time was reported for receiving teacher observations and sending teacher consultation. No inservice training for the receiving teacher was reported and very limited follow-up contact. This data does not meet the criteria identified as necessary to successful practices in the research reviewed. The need for inservice and staff preparation and transition practices of a more formal and structured nature are clearly indicated.

Inservice training for special education personnel showed considerable diversity and was generally evaluated favorably. Parental involvement received extensive attention but inservice training in transition practices was limited. Attempts to correlate inservice training to the use of mainstreaming as a transition practice found significant results for curriculum development inservice only. The results of this study indicate the need for more inservice in the whole area of transition practices and perhaps a re-evaluation of inservice efforts for parental involvement.

That less than half of the parents are involved in the development of their child's Individualized Education Program is a clear indicator of the job yet to be done in developing the active participation of parents. Approximately 20 per cent of the parents are involved by virtue of consent

only. These results represent a rather bleak outlook for the concept of a teacher and parent partnership for the education of young handicapped children. Teachers report that formal communication with parents represents an obstruction to parental involvement yet many of the techniques they use to encourage parental involvement are formal in nature. The majority of parents report that their involvement has not been discouraged. Parental involvement as it is conceptualized for preschool handicapped programs is new, both to parents and teachers. Efforts to encourage and develop active parent participation will need to be extraordinary in quality and scope. It is unlikely that parents will recognize their ability to positively affect program outcomes as well as the educational experience of their own child without active solicitation of their involvement in productive roles.

Data collected on the nine parent roles confirms the suspicion that parental involvement programmatically is not fully understood by parents or teachers. Teachers have indicated that actual parental involvement is less in all categories than they consider desirable. These discrepancies are found to be statistically significant for five of the parent roles. Similarly, parents have indicated that their involvement is lower in all categories than they perceived to be desirable. Discrepancies are statistically significant for two of the parent roles. A comparison of the desired level of parental involvement across groups indicates that teachers see a higher need for involvement in those roles that are substantially of a support nature. Parents report a higher need for involvement in roles that require direct programmatic involvements.

Perhaps the most telling comparison is the perception of actual parental involvement across groups. Percentage differences are substantial for all nine parent roles. Teacher report of actual involvement is greater than parent report in all but two of the parent roles. The two exceptions, primary teacher and curriculum developer, are probably the roles that parents understand best. It is apparent that considerable effort is needed to investigate and clarify the potentials and parameters of productive parental involvement in specific programmatic roles. This is indeed a challenge to the profession and success is clearly hinged to the strength of conviction that parental involvement is a necessary and positive element in early childhood handicapped programs.

The limitations of this research are basically ones of sampling. The sample for this study was drawn from and reported at the program level. Research using more specific child related data is recommended. It is also recommended that regular teachers be sampled to allow for a comparative analysis of transition practices.

Authors:

Stanley L. Swartz, Ph.D. Assistant Professor of Special Education, Special Education Department, Western Illinois University, Macomb, Illinois 61455.

Virginia R. Dykstra, Teacher, Macomb Public Schools, Macomb, Illinois; graduate student in the Special Education Department, Western Illinois University.

Mary Lou McLaughlin, Graduate Assistant, Special Education Department, Western Illinois University.

Bibliography

Abbott, J. C., & Sabatino, David A. Teacher - mom intervention with academic high-risk preschool children. Exceptional Children, 1975, 41 (4), 267-268.

ABT Associates, Inc. Exemplary programs for programs for the handicapped, volume 3. Urbana-Champaign, Illinois. 1973 (ERIC Document Reproduction Service No. ED 079 890)

Advani, K. Involving parents in the behavior modification program of their children in home and school, Kingston, Ontario: Frontenac County Board of Education, 1973. (ERIC Document Reproduction Service No. ED 084 755)

Applied Management Sciences, Inc. Evaluation of the process of mainstreaming handicapped children into Project Head Start (Phase II, Executive Summary). Silver Spring, Maryland, 1978. (ERIC Document Reproduction Service No. ED 168 291) (a)

Applied Management Sciences, Inc. Evaluation of the process of mainstreaming handicapped children into Project Head Start: Program efforts to ensure post-enrollment service continuity for handicapped children in Project Head Start (Final Report). Silver Spring, Maryland, 1978. (ERIC Document Reproduction Service No. ED 168 237) (b)

Blacher-Dixon, J. Preschool Mainstreaming: Current State of the Art. Chapel Hill, North Carolina: 1979. (ERIC Document Reproduction Service No. ED 171 087)

Blacher-Dixon, J., & Turnbull, A. P. Preschool Mainstreaming: Definitions, rationale, and implementation. Education Unlimited, 1979, 1(1), 16-22.

Bricker D. D., & Bricker, W. A. Non-catagorical education for the preschool child. 1975. (ERIC Documentation Reproduction Service No. ED 112 558)

Bronfenbrenner, U. Is early intervention effective? Teachers College Record, 1974, 76 (2), 279-303.

Cooke, T. P., Appolloni, T., & Cooke, S. A. Normal preschool children as behavioral models for retarded peers. Exceptional Children, 1977, 43, 531-532.

Devoid, R. & Mills, P. A Parent Task Force Group. Brattleboro, Vermont: Winston Prouty Center for Child Development, 1972.

Doernberg, N., Rosen, B., & Walker, T. T. A Home Training Program for Young Mentally Ill Children. Brooklyn, New York: 1969. (ERIC Document Reproduction Service No. ED 047 456)

Early childhood education for the handicapped: Recommended practices and procedures. Springfield, Illinois: Illinois Office of Education, 1978.

Education of Handicapped Children Act (P L. 94-142 Regulations). Federal Register, Tuesday, August 23, 1977.

Enzer, N. B. Parent-child and professional interaction. In D. L. Lillie & P.L. Trohanis (Eds.), Teaching parents to teach. New York: Walker and Co., 1976.

Erickson, J. G. Social relationships and communication interaction of mainstreamed communication handicapped preschool children: A pilot study. 1976. (ERIC Document Reproduction Service No. ED 129 043)

Fredericks. H. D., Baldwin, V., & Grove, D. A home-center parent training model in J. Grimm (Ed.), Training parents to teach: Four models: First Chance for children, volume 3. Chapel Hill, North Carolina: 1974. (ERIC Document Reproduction Service No. ED 102 778)

Fredricks, H. D., Baldwin, V., Grove, D., Moore, W., Riggs, C., & Lyons, B. Integrating the moderately and severely handicapped preschool child into a normal day care setting. In M. J. Guralnick (Ed.), Early intervention and the integration of handicapped and nonhandicapped children. Baltimore, Maryland: University Park Press, 1978.

Freeman, S. W., & Thompson, C. L. Parent-child training for the MR. Mental Retardation, 1973, 11 (4), 8-10.

Gorelick, M. C. Are preschools willing to integrate children with handicaps? California: California State University, 1973. (ERIC Document Reproduction Service No. ED 098 736)

Grantham - McGregor, S. M. & Desai, P. A home visiting intervention programme with Jamaican mothers and children. Developmental Medicine and Child Neurology, 1975, 17 (5), 605-613.

Guralnick, M. J. (Ed.). Early intervention and the integration of handicapped and nonhandicapped children. Baltimore, Maryland: University Park Press, 1978.

Hayden, A. H. A center-based parent-training model. In D. L. Lillie & P. L. Trohanis (Eds.), Teaching parents to teach. New York: Walker and Co., 1976.

Hayden, A. H. Effectiveness of early education for handicapped children. Seattle, Washington: Washington University, 1977. (ERIC Document Reproduction Service No. ED 163 691)

Heinicke, C. M. Aiding "at risk" children through psychoanalytic social work with parents. American Journal of Orthopsychiatry, 1976, 46 (1), 89-103.

Hendrickson, J., & Hester, P. Implications for training parents: Measuring and evaluating parent-child interactions. Atlanta, Georgia: 1977. (ERIC Document Reproduction Service No. ED 139 133)

Hutinger, Patricia L., Swartz, Stanley L., et al. Illinois Early Childhood Handicapped Research Project: Executive Summary. Springfield, Illinois: Illinois State Board of Education, 1980.

Iano, R. P. Shall we disband special classes? The Journal of Special Education, 1972, 6 (2), 167-177.

Karnes, M. B., & Lee, R. C. Mainstreaming in the preschool. In L. G. Katz (Ed.), Current topics in early childhood education. Norwood, J. J.: Ablex Publishing Corporation, 1979.

Karnes, M. B., & Zehrbach, R. R. Alternative models for delivering services to young handicapped children. In J. B. Jorden, A. H. Hayden, M. B. Karnes, & M. M. Woods, Early childhood education for exceptional children. Virginia: The Council for Exceptional Children, 1977.

Lazar, I., and Darlington, R. B., Lasting effects of preschool, A report of the Consortium for Longitudinal Studies, Ed. Commission of the States, October, 1978.

Levitt, E., & Cohen, S. Attitudes of children toward their handicapped peers. Childhood Education, 1976, 52 (3).

Lillie, D. L. (Ed.). Parent programs in child development centers. Chapel Hill, North Carolina: 1972. (ERIC Document Reproduction Service No. ED 067 798)

MacDonald,J. D., Blott, J. P., Gordon, K., Spiegel, B., & Hartman, M. An experimental parent-assisted treatment program for preschool language delayed children. Journal of Speech and Hearing Disorders, 1974, 39 (4), 395-415.

McDaniels, G. Successful programs for young handicapped children. Educational Horizons, 1977, 51 (1), 26-27, 30-33.

Neisworth, J. T., & Madle, R. A. Normalized day care: A philosophy and approach to integrating exceptional and normal children. Child Care Quarterly, 1975, 4 (3), 163-171.

Nellans, T. A., Reinsel, M., Binder, B., & Burrow, W. H. Maternal participation in a preschool project for disadvantaged handicapped children. Training School Bulletin, 1972, 68 (4), 207-211.

Nie, N., Hull, C., Jenkins, J., Steinbrenner, K., and Bent, D. Statistical Package for the Social Sciences. New York: McGraw-Hill, 1975.

Northcott, W. N. The integration of young deaf children into ordinary educational programs. Exceptional Children, 1971, 38 (1), 29-32.

Northern Valley Administration. Preschool instruction for the exceptional. Closter, New Jersey: 1975-76. (ERIC Document Reproduction Service No. ED 131 629)

Shearer, M. S., & Shearer, D. E. Parent involvement. In J. B. Jordan, A. H. Hayden, M. B. Karnes, & M. M. Wood (Eds.), Early Childhood Education for Handicapped Children. Virginia: The Council for Exceptional Children, 1977.

Shearer, M. S., & Shearer, D. E. The Portage project: A model for early childhood education. Exceptional Children, 1972, 39 (3), 210-217.

Soppitt-Lesure, S. Description of the Bernice M. Wright co-operative preschool program. Syracuse, New York: 1977. (ERIC Document Reproduction Service No. ED 165 380)

Spriggs, A. Home oriented preschool education. Charleston, West Virginia: 1976. (ERIC Document Reproduction Service No. ED 122 564)

Stock, J. R., Wenk, L. L., Newborg, J. A., Schenck, E. A., Gabel, J. R., Spurgeon, M. S., & Ray, H. W. Evaluation of Handicapped Children's Early Education Program (HCEEP). Columbus, Ohio: Battelle Memorial Institute, 1976. (ERIC Document Reproduction Service No. ED 125 165)

Walter, P. Evaluation of the process of mainstreaming handicapped children into Project Head Start. Washington, D.C.: 1978. (ERIC Document Reproduction Service No. ED 168 239)

Wynne, S. Mainstreaming and early childhood education for handicapped children: A guide for teachers and parents. Washington, D.C.: Wynne Associates, 1975. (ERIC Document Reproduction Service No. ED 119 445)

Wynne, S., Brown, J., Dakof, G., & Ulfelder, L. S. Mainstreaming and early childhood education for handicapped children: Review and implications of research. Washington, D.C.: Bureau of Education for the Handicapped, 1975. (ERIC Document Reproduction Service No. ED 108 426)

Yavner, M. The Portage Project: A home approach to the early education of multiply handicapped children in a rural area. Portage, Wisconsin: Cooperative Educational Service Agency #12, 1972.

Zigler, E. Greeting to all participants, Home Start National Conference. St. Louis, Missouri: Report of First National Home Start Conference, 1972.